

SUPPLEMENTAL EMPLOYMENT APPROVAL REQUEST

In accordance with Civil Service Rule 2-8 and applicable union contracts, anyone employed by the Department of Labor & Economic Growth must complete this form and obtain all necessary approvals PRIOR to engaging in supplemental employment.

This form must be renewed annually in accordance with Civil Service Rule 2-8.

EMPLOYEE / EMPLOYMENT INFORMATION - Employee complete and submit to supervisor.

Employee Name	Employee #	Class / Level
Work Station Address	Work Phone #	
Bureau / Office / Commission – Unit Region		
Supplemental Employer Name (enter "Self-Employment" if applicable)	Approximate hours to be worked: per	
Supplemental Employer Address		
Nature of Supplemental Duties or Services to be performed by the employee		
<p>I understand that my supplemental employment will not be approved if any conflict of interest exists between my present job and the second job. I also understand that if, for any reason, the activities connected with my second job interfere with my attendance or efficiency with my Civil Service employment that it will be necessary to terminate one of the two positions. I realize that it is my responsibility to inform the appointing authority within 14 days if there is any change to the extent or nature of my supplemental employment.</p> <p>I recognize that the Department of Labor & Economic Growth, State of Michigan, is in no way endorsing the supplemental employment. Both parties agree that the Department of Labor & Economic Growth, State of Michigan, will not be liable in any way for injury of any type that might be incurred in the course of this supplemental employment.</p>		
_____ Employee's Signature		_____ Date

SUPERVISOR EVALUATION / RECOMMENDATION

Supervisor Name	Title
Do you believe that the employee's supplemental employment will (check only one for each):	
Yes No	Conflict with the employee's work hours with the Department of Labor & Economic Growth?
Yes No	Conflict with the employee's satisfactorily performing his/her duties and responsibilities with DLEG?
Yes No	May produce a conflict of interest situation?
Supervisor's Remarks:	
Approved	If APPROVED, the supervisor shall forward this form to the Bureau Director.
Disapproved	If DISAPPROVED, the supervisor shall return this form to the employee.
_____ Supervisor's Signature	_____ Date

BUREAU DIRECTOR

Approved	If APPROVED, the Bureau Director shall forward this form to the Office of Human Resources.
Disapproved	If DISAPPROVED, the Bureau Director shall return this form to the employee's immediate supervisor.
_____ Bureau Director's Signature	_____ Date

OFFICE OF HUMAN RESOURCES

Approved	Upon Approval/Disapproval, the Office of Human Resources shall return one copy of this form to the employee, the employee's immediate supervisor, and the Bureau Director.
Disapproved	
_____ Office of Human Resources Signature	_____ Date